

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/647678

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
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5		/		/		
6		/		/		
7		/		/		
8		/		/		
9		/		/		
10		98		98		
11		8		8		
12	/		/			
13		1		1		
14		2		2		
15		2		2		
16		2		2		
17		2		2		
18		2		2		
19		0		0		
20		0		0		
21		0		0		
22		1		1		
23		1		1		
24		9		9		
25		9		9		
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50						
TOTAL IND.	4		4			
TOTAL DEP.	60		51			
TOTAL CLAIMS	64		55			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

BEST AVAILABLE COPY

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS